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Application Number	
Filing Date	
First Named Inventor	Oddvard Johnson
Title	Brain Function Based on Controlling
Art Unit	
Examiner Name	
Attorney Docket Number	000-01

I hereby revoke all previous powers of attorney given in the above-identified application.

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23506

OR

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Name	Registration Number

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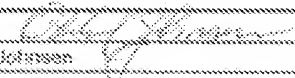
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/50)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Sept 15 2006
Name	Oddvard Johnson	Telephone	4732649677
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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